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** CONTINUING DATA ***** *OK. AR 12/17/04*
 This appln claims benefit of 60/205,076 05/18/2000

** FOREIGN APPLICATIONS *****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Arunella Ramana AR</i> Examiner's Signature Initials				

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TITLE
 Catheter attachment and catheter for brachytherapy

FILING FEE RECEIVED 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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